

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013555

1. Entity Name

GREAT FLORIDA TITLE, L.L.C.



Principal Place of Business

4144 N. ARMENIA AVE.
TAMPA, FL 33677

Mailing Address

C/O COLONIAL BANK, ATTN: TAX DEPARTMENT
ONE COMMERCE STREET, THIRD FLOOR, STE 303
MONTGOMERY, AL 36104



04192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3558895

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	CFO
NAME	MOORE, SARAH H
STREET ADDRESS	ONE COMMERCE STREET
CITY- ST- ZIP	MONTGOMERY, AL 36104

TITLE	VP
NAME	REIMER, DAVID
STREET ADDRESS	ONE COMMERCE STREET
CITY- ST- ZIP	MONTGOMERY, AL 36104

TITLE	P
NAME	OAKLEY, W. FLAKE IV
STREET ADDRESS	ONE COMMERCE STREET
CITY- ST- ZIP	MONTGOMERY, AL 36104

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000336623
04/27/05-80134-002 \$50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #